Readmissions Within 30 Days Age 18 to 64 Readmissions Within 30 Days Age > 64

© Copyright IBM Corporation 2019

MEASURE DESCRIPTION:

READMISSIONS WITHIN 30 DAYS AGE 18 TO 64 and **READMISSIONS WITHIN 30 DAYS AGE > 64** identify the percentage of acute inpatient stays during the reporting time period, for patients aged 18 to 64 years, that were followed by an acute readmission for any diagnosis within 30 days of discharge.

PROPRIETARY STATUS: This subset is based on the CMS Core Set of Adult Health Care Quality Measures for Medicaid, Measure PCR-AD, HEDIS measure Plan All-Cause Readmissions (PCR), and NQF measure #1768 - Uncertified, Adjusted, Unaudited HEDIS; NCQA (owner) 2019.

DEVIATIONS FROM MEDICAID CRITERIA:

- 1. The criteria specify that the enrollee should be age 18 years and older as of the date of discharge. We cannot determine age based on the discharge date, so we include enrollees age 18 years and older anytime during the reporting period.
- 2. The exclusion criteria have been simplified. We did not implement exclusion criteria for admissions in which there was a planned readmission within 30 days for kidney transplants or other organ transplants, or for a potentially planned procedure without a principal acute diagnosis. We did include exclusion criteria for admissions in which the admission date was the same as the discharge date, for admissions for pregnancy or perinatal conditions, for stays in which the enrollee died, and for admissions in which there was a planned readmission within 30 days for maintenance chemotherapy or rehabilitation.
- The criteria specify a continuous enrollment period that runs from 365 days prior to the Index Discharge Date through 30 days after the Index Discharge Date. This could not be implemented, so a simplified CE criterion of medical coverage during the reporting period was implemented instead.
- 4. For the data collection time frame of 2015, Medicaid specifies that measures should be calculated using
- 5. ICD-10 codes for claims with a date of service or date of discharge on or after October 1, 2015. The s engine has no way to eliminate ICD-9 codes from a measure calculation if they are included on a claim following the October 1, 2015 date. The impact of this on results will depend on the extent to which incorrect codes appear on submitted claims.

MEASURE PACKAGE: Medicaid Focus

MEASURE DETAILS:

RATES: Plan All Cause Readmits Mcd Age 18 to 64 Rate {MR}

Plan All Cause Readmits Mcd Age 18 to 44 Rate {MR} Plan All Cause Readmits Mcd Age 45 to 54 Rate {MR} Plan All Cause Readmits Mcd Age 55 to 64 Rate {MR}

DENOMINATORS: Admits Age 18 to 64 Years Mcd {MS}

Admits Age 18 to 44 Years Mcd {MS} Admits Age 45 to 54 Years Mcd {MS} Admits Age 55 to 64 Years Mcd {MS

Identifies the number of acute hospital admissions for patients aged 18-64 Years, 18 to 44 Years, 45 to 54 Years, 55 to 64 Years, during the reporting time period (Medicaid uses January 1 to December 1). States should report results for the 4 age groups.

Age is 18-64 during the reporting time period	Age in Years >=18 and <= 64
AND	
Count of acute care admissions during the reporting time period	Admits Acute = Admits constrained by Acute
	Admissions subset
	[Subset criteria: Place Group Code Medstat Admit = 1]

EXCLUSIONS:

Excludes hospital stays where the admission date is the same as the discharge date, any hospital stay with a discharge for death, any hospital stay with a principal diagnosis of pregnancy or conditions originating in the perinatal period, and any hospital stay where the readmission is for a principal diagnosis of maintenance chemotherapy or rehabilitation.

No hospital stays where the admission date is the same as the	Days Since Last Admit >1
discharge date (during the reporting time period)	
OR	
No hospital stays with a discharge for death (admission date in the	Discharge Status Code UB = 20
measurement year)	
OR	

No admissions with a principal diagnosis of pregnancy or	Diagnosis Code Principal Admit ICD10 = O000-O9A53,
a condition originating in the perinatal period (admission	Z0371-Z0379, Z331, Z332, Z3400-Z36, P000-P969, Z3800-
date in the measurement year)	Z388

NUMERATORS: Readmissions All Plan Mcd Age 18 to 64 Num {MR}

Readmissions All Plan Mcd Age 18 to 44 Num {MR} Readmissions All Plan Mcd Age 45 to 54 Num {MR} Readmissions All Plan Mcd Age 55 to 64 Num {MR}

From the remaining hospital stays, the number of acute readmissions for any diagnosis within 30 days of discharge

Readmission within 30 days during the reporting period	Days Since Last Admit = 1-30
AND NOT	
Planned readmission for a principal diagnosis of maintenance	((Any Diagnosis Code ICD9 = V420
chemotherapy, rehabilitation, Kidney Transplant, Bone Marrow	or
Transplant, Organ Transplant, Introduction of Autologous	Any Diagnosis Code ICD10 = Z940
Pancreatic Cells or potentially planned procedure without	or
Acute Conditions (Admission date within 30 days of a hospital	Diagnosis Code Principal Admit ICD10 = Z510-Z5112,
discharge)	Z44001-Z449, Z451, Z4531-Z45819, Z4682-Z469
	or
	CPT Procedure Code = 50300, 50320, 50340, 50360, 50365,
	50370, 50380, 32850, 32851, 32852, 32853, 32854, 32855,
	32856, 33927, 33928, 33929, 33930, 33933, 33935, 33940,
	33944, 33945, 44132, 44133, 44135, 44136, 44137, 44715,
	44720, 44721, 47133, 47135, 47136, 47140, 47141, 47142,
	47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551,
	48552, 48554, 48556
	or
	HCPCS Procedure Code = S2065, S2053, S2054, S2055, S2060,
	S2061, S2152
	or
	Revenue Code UB = 0367, 0362, 0810, 0811, 0812, 0813, 0819
	Or
	ICD9 Procedure Code = 5561, 5569, 3350, 3351, 3352, 336,
	3751, 4194, 4697, 5051, 5059, 5280, 5281, 5282, 5283, 5285
	Or ICD10 Presedure Code - Vidnov Transplant Value Set. Done
	ICD10 Procedure Code = Kidney Transplant Value Set, Bone
	Marrow Transplant Value Set, Organ Transplant Other Than
	Kidney Value Set, Introduction of Autologous Pancreatic Cells Value Set (Too many to display)
	1 2
	or ICD10 Procedure Code = Potentially Planned Procedures Value
	Set) (Too many to display)
	and
	Diagnosis Code Principal Admit ICD10 <> Acute Conditions
	Value Set)) (Too many to display)
	value setij (100 many to display)

CONTINUOUS ENROLLMENT: Not required

COPYRIGHTS AND ACKNOWLEDGEM ENTS

© Copyright IBM Corporation 2019

The measure specification methodology used by the IBM Corporation 2019 is different than NCQA's methodology. NCQA has not validated the altered measure specifications but has granted IBM Corporation 2019 permission to modify as needed.

None of the measures produced from quality rules engine (QME) have been validated by NCQA. NCQA specifications provided in QME are for reference only and are not an indication of measure validity produced by QRE. A measurement rate does not constitute a HEDIS rate unless it audited and approved by an NCQA-certified HEDIS Compliance Auditor. All measurement rates produced by QRE shall not be designated or referenced as a HEDIS rate or HEDIS result for any purpose.

Terms of Use

The recipient of these documents shall treat the information contained herein as confidential, proprietary information, owned by IBM Corporation 2019. The recipient shall not disclose or permit to be disclosed, in whole or in part, to any third party any information contained herein.

No part of these documents may be reproduced, translated, or transmitted in any form, by Photostat, microfilm, xerography, recording or any other means, or stored or incorporated into any information retrieval system, electronic or mechanical, without the prior written permission of the copyright owner.

The software, data, and other information to which this publication relates have been provided under the terms of a License Agreement with IBM Corporation 2019.

NCQA Notice of Use. The HEDIS® measures and specifications were developed by and are owned by the National Committee for Quality Assurance ("NCQA"). The HEDIS measures and specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications. NCQA holds a copyright in these materials and can rescind or alter these materials at any time. These materials may not be modified by anyone other than NCQA. All uses, including reproduction, distribution, publication must be approved by NCQA and are subject to a license at the discretion of NCQA.

© 2019 NCQA, all rights reserved. Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications. The American Medical Association holds a copyright to the CPT® codes contained in the measure's specifications. The American Hospital Association holds a copyright to the Uniform Bill Codes ("UB") contained in the measure specifications. The UB Codes in the HEDIS specifications are included with the permission of the AHA. The UB Codes contained in the HEDIS specifications may be used by health plans and other health care delivery organizations for calculating and reporting HEDIS measure results or using HEDIS measure results for their internal quality improvement purposes. All other uses of the UB Codes require a license from the AHA. Anyone desiring to use the UB Codes in a commercial product to generate HEDIS results, or for any other commercial use, must obtain a commercial use license directly from the AHA. To inquire about licensing, contact ub04@healthforum.com.

© 2019 National Committee for Quality Assurance. All rights reserved.

CPT® copyright 2018 American Medical Association. All rights reserved. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT is a registered trademark of the American Medical Association.

The LOINC® codes, LOINC® table (regardless of format), LOINC® Release Notes, LOINC® Changes File, and LOINC® Users' Guide are copyright © 1995-2019, Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee. All rights reserved.

REDBOOKTM is a trademark of IBM Corporation 2019.

The National Drug Code (NDC) Directory is published by the U.S. Food and Drug Administration and is made available under the Open Database License: http://opendatacommons.org/licenses/odbl/1.0/. Any rights in individual contents of the database are licensed under the Database Contents License: http://opendatacommons.org/licenses/dbcl/1.0/.

The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) is published by the World Health Organization (WHO). ICD-9-CMis an official Health Insurance Portability and Accountability Act standard.

The International Classification of Diseases, 9th Revision, Procedure Coding System (ICD-9-PCS) is published by the World Health Organization (WHO). ICD-9-PCS is an official Health Insurance Portability and Accountability Act standard

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) is published by the World Health Organization (WHO). ICD-10-CMis an official Health Insurance Portability and Accountability Act standard.

AMA PCPI Notice of Use. Physician Performance Measures (Measures) and related data specifications, developed by the Physician Consortium for Performance Improvement (the Consortium), are intended to facilitate quality improvement activities by physicians. These Measures are intended to assist physicians in enhancing quality of care. Measures are designed for use by any physician who manages the care of a patient for a specific condition or for prevention. These performance Measures are not clinical guidelines and do not establish a standard of medical care. The Consortium has not tested its measures for all potential applications. The Consortium encourages the testing and evaluation of its Measures. Measures are

subject to review and may be revised or rescinded at any time by the Consortium. The Measures may not be altered without the prior written approval of the Consortium. Measures developed by the Consortium, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and American Medical Association, on behalf of the Consortium. Neither the Consortium nor its members shall be responsible for any use of these Measures. The Measures are provided as is without warranty of any kind. ©2019 American Medical Association. All Rights Reserved.UB-04 Manual.

OFFICIAL UB-04 DATA SPECIFICATIONS MANUAL, 2017, is protected under federal copyright laws and owned by the **American Hospital Association** ("**AHA**"), Chicago, Illinois. No portion of the OFFICIAL UB-04 MANUAL may be reproduced, sorted in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of AHA.

This measure is proprietary and owned by IBM Corporation 2019. It is provided under the terms of a License Agreement with IBM Corporation 2019.